

Native American Cultural Assessment Project

Developed for the

South Dakota Division of Alcohol and Drug Abuse

August 2003

Prepared under the

**Center for Substance Abuse Treatment
State Systems Technical Assistance Project**

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I. INTRODUCTION

In April 2002, the South Dakota Division of Alcohol and Drug Abuse requested assistance from the Center for Substance Abuse Treatment (CSAT) to assess the cultural competence of off-reservation treatment programs.

CSAT is one of three centers of the Substance Abuse and Mental Health Services Administration. The TA was provided under the State Systems Technical Assistance Project (SSTAP). Johnson, Bassin & Shaw, Inc. (JBS), is the SSTAP contractor. JBS is a health and housing consulting firm based in Silver Spring, MD. JBS contracted the services of The University of South Dakota.

A. Purpose of the Technical Assistance

The Division of Alcohol and Drug Abuse (DADA) initiated efforts to conduct a “survey process” to determine levels of integration and contacted the Alcohol and Drug Abuse Studies Program, The University of South Dakota, to design a survey instrument. Duane Mackey, Ed.D., (Dakota, Isanti) was named as the Project Director, and he worked closely with Gib Sudbeck and Frank Zavadil of DADA; three Native American consultants, Gene Thin Elk (Sicangu, Lakota), Jerome Kills Small (Oglala-Lakota), and Patricia Eagle Elk (Sicangu, Lakota); as well as Dr. Mark Baron who served as the statistician for this project to develop the Cultural Assessment Survey (CAS). A literature search, conducted in Phase 1, revealed that there were no existing cultural competency or assessment instruments that were applicable to tribal groups in South Dakota. The first CAS was developed in 2001-2002, Phase 1, and was piloted with four State-accredited substance abuse programs.

The CAS was developed to assess the extent to which a select group of accredited substance abuse programs in South Dakota have and are integrating Dakota/Lakota/Nakota (D/L/N) cultures and spirituality into their service/treatment regimens.

Many D/L/N adolescents and adults who are in need of substance abuse residential and outpatient services, particularly those from reservation sites, are often referred to nontribal substance abuse programs, particularly at off-reservation sites. This is because there are very few available beds on reservation sites, or because the types of services needed are not available at the reservation sites.

A general concern by tribal entities (substance abuse programs, social or mental health service programs, etc) and DADA, was how much, if any, of D/L/N cultures and spiritual practices were integrated into the nontribal substance abuse programs’ service and treatment regimens. Although it was known that some programs integrated some of the D/L/N cultures and spiritual practices into their service/treatment regimens, others integrated very little. There were no formal cultural assessment instruments that focused on D/L/N cultures available to determine levels of integration.

A major focus of Phase 2 was to administer the revised CAS to 26 State-accredited substance abuse programs in South Dakota. These programs were identified by DADA staff members.

B. Methods and Procedures

Once the contractual agreement was in place, the following methods and procedures were followed to complete this study:

- Dr. Duane Mackey made revisions to the CAS that was developed in Phase 1.
- Dr. Mackey and Frank Zavadil, Program Specialist, DADA, made additional revisions to the CAS.
- The survey was given to Gene Thin Elk (Sicanju-Lakota), cultural advisor, and Jerome Kills Small (Oglala-Lakota), Lakota instructor, for their critique. Dr. Mackey met with Mr. Thin Elk and Mr. Kills Small individually to record their recommendations to have the CAS be culturally sensitive to D/L/N tribal groups.
- Mr. Zavadil and Dr. Mackey wrote the final draft of the CAS.
- The final draft of the CAS was given to Dr. Mark Baron, statistician consultant, for his critique.
- Dr. Mackey and Mr. Zavadil met with Dr. Baron, to quantify certain CAS items.
- Dr. Baron completed an online version of the CAS as well as a Web site to access the online version.
- Gib Sudbeck, director, DADA, and Mr. Zavadil identified 26 programs that were accredited by the South Dakota Division of Alcohol and Drug Abuse to request their participation in this project.
- Even though the instrument was not to be administered to human subjects (clients of substance abuse programs), the instrument was submitted to the University of South Dakota Human Subjects Department for review. Approval to administer the CAS was received on January 16, 2003. (see Appendix C)
- Dr. Baron designed the computerized statistical program for data entry using the Statistical Package for Social Sciences (SPSS), Version 10.
- Dr. Baron completed a draft of an introductory letter to send to program directors and, in consultation with Dr. Mackey and Mr. Zavadil, completed the final draft of the letter. The letter (see Appendix B) explained the purposes and procedures of the project.
- A packet was prepared to send, via mail, to the directors of the 26 identified substance abuse programs. The packet contained the following:
 - Cover letter;
 - Printed version of the CAS;

- Procedures to follow to access the online version (respondents had the option to complete either the printed or online version); and
 - Stamped, self-addressed envelope to return printed CAS instrument.
- Three weeks after the dissemination of the packets, a followup letter (see Appendix B) was sent to each of the identified participants to remind them to complete the CAS. This letter was prepared by Dr. Mackey.
 - Six weeks after the initial dissemination, a second followup letter was sent to each project director from Mr. Sudbeck.
 - Due to the slow response from some of the project directors in completing the CAS, a request was made and granted by CSAT to extend the contract beyond April 2003 to July 2003.
 - All but one of 26 programs returned completed CAS instruments by the middle of May. A decision was made by the principal investigators to not conduct any additional followup activities.
 - A thank-you letter was sent to all 26 programs. (see Appendix B)
 - The completed CAS instruments were given to Dr. Baron for data entry and statistical analyses.
 - Meetings were held with the principal investigators and Dr. Baron to format the data into a report that included graphics for certain results.

The exceedingly high rate of return of completed CAS instruments, 25 of 26 programs (96 percent), was a very good representative sample of state accredited substance programs.

C. Data Analysis

Once all data were collated and entered into the statistical program, descriptive analyses were performed. The analyses consisted primarily of computing frequencies and percentages for all nominal data and computing means and standard deviations for scale data. Program needs were analyzed through compilation of responses to open-ended questions in which respondents could reply in their own words. Data analyses were performed on individual survey items that were grouped into the following categories:

- Respondent Data
- Program Data
- Cultural/Spiritual Activities: Program Staff
- Cultural/Spiritual Activities: Clients
- Cultural Resources

II. TECHNICAL ASSISTANCE SUMMARY

A. Findings

The following findings are based only on those programs who elected to participate in this project and may not represent all substance abuse programs in the State of South Dakota. Findings that resulted from analysis of the data are summarized in this section. Summary findings will be grouped accordingly into the above-mentioned categories to enhance interpretability of the findings.

All reported means are based on a 4 scale with a midpoint of 2.5. Please see Appendix A, the CAS, for the varied response formats.

Respondent Data

Respondents to this survey had the following general characteristics:

1. Most respondents (64 percent) are female.
2. All respondents (100 percent) are Caucasian.
3. Most respondents (68 percent) possess Level III counselor certification.
4. Most respondents (88 percent) are certified by the South Dakota Certification Board for Alcohol and Drug Professionals.
5. While most respondents (64 percent) have no training related specifically to Dakota/Lakota/Nakota Sioux cultures, the remaining respondents (36 percent) report having had a wide variety in the number of hours (ranging from 1 to more than 20 hours) of training related to Dakota/Lakota/Nakota Sioux cultures.

Program Data

Programs headed by those responding to this survey had the following general characteristics:

1. While most programs (52 percent) are private, nearly half of those responding (44 percent) identified their programs as “Other”, (i.e. correctional facilities, State programs, transitional care, halfway houses, etc).
2. The primary types of programs provided are outpatient services (76 percent), early intervention services (64 percent), prevention services (60 percent), and intensive outpatient services (60 percent).

3. While all programs (100 percent) are accredited by the State of South Dakota, another 24 percent of the programs also hold accreditations from other sources, such as the American Corrections Association, Veterans Administration, JACHO, etc.
4. Most programs are located in either off-reservation rural areas (60 percent) or off-Reservation urban areas (48 percent).
5. All programs (100 percent) serve all ethnic populations of adolescents and adults, with similar numbers of programs serving adult females (72.2 percent), adult males (68 percent), adolescent females (60 percent), adolescent males (60 percent), co-ed adults (56 percent), and co-ed adolescents (56 percent).
6. The programs served an average of 601 total clients during the past 12 months, which included 349 non-Native Americans (58.1 percent), and 252 Native Americans (41.9 percent).
7. Of those Native American clients served during the past 12 months, approximately 23.7 percent resided on reservation settings, 37.4 percent resided on off-Reservation settings, and 38.9 percent were transient.
8. There is wide diversity in the employee certification status of staff members employed by these programs. More than half of the programs employ at least one Level III-certified administrator (70.8 percent), and more than half of the programs employ at least one trainee (79.2 percent), Level II-certified (58.3 percent) or Level III-certified (58.3 percent) counselor.
9. There is wide diversity in educational levels of staff members employed by these programs. At least half of these programs employ an administrator with a bachelor's degree (50.5 percent), a counselor with a bachelor's (75 percent) or master's (54.2 percent) degree, and a support staff member with a high school diploma (54.2 percent).
10. The majority (90.1 percent) of board and staff members (including clinical, professional and support staff members) are non-Native American.
11. Overall, respondents indicated that their programs address various aspects of Dakota/Lakota/Nakota Sioux cultures to not greater than a *moderate extent* (Mean = 2.25).
12. Of the 20 items related to how well programs address various aspects of Dakota/Lakota/Nakota Sioux cultures, eight items received mean ratings above 2.50 indicating the perception that programs address these cultural issues to a *moderate extent*.
13. Aspects of the programs that received the highest mean ratings all relate to the programs having working relationships with one or more health facilities: Indian Health Services clinics/hospitals (Mean = 2.75); tribal mental health departments (Mean = 2.70); Urban

Indian Health Service clinics/hospitals (Mean =2.68); and reservation tribal health departments (Mean = 2.61).

Cultural/Spiritual Activities Program Staff:

The following findings regard the amount of training that program staff members receive related to various aspects and lifestyles of Dakota/Lakota/Nakota Sioux cultures:

1. Overall, respondents indicated that staff members receive little or no training (Mean = 1.60) regarding virtually every aspect and lifestyle of Dakota/Lakota/Nakota Sioux cultures.
2. Of the 37 items related to program staff training related to various aspects and lifestyles of Dakota/Lakota/Nakota Sioux cultures, only reservation substance abuse program (Mean = 2.28), Canku Luta/Red Road concepts (Mean = 2.12), and Indian Health Service programs (Mean = 2.08) received mean rating above the “Little Training” point on the response scale.
3. Staff training occurs slightly more frequently off site (34.8 percent) than on-site (21.7 percent), and occurs both offsite and onsite at slightly more than one in six programs (17.4 percent).
4. Only 4 of the 25 (16 percent), programs indicated that they utilized the services of traditional Native American consultants.
5. Few board members (less than 10 percent), administrators (20-25 percent), or staff members (10-20 percent) receive training related to Dakota/Lakota/Nakota Sioux cultures more than once annually.

Cultural/Spiritual Activities: Program Clients

The following findings regard the amount of information that program clients receive related to various aspects and lifestyles of Dakota/Lakota/Nakota Sioux cultures during their treatment experience:

1. Overall, respondents indicated that program clients receive very little information (Mean = 1.37) related to various aspects and lifestyles of Dakota/Lakota/Nakota Sioux cultures during their treatment experience.
2. Of the 37 items related to the amount of information regarding Dakota/Lakota/Nakota Sioux cultures that program clients receive during their treatment experience, none received mean ratings at or above the “Little Information” 2 percent point on the scale.
3. Slightly more than half the responding programs allow clients to bring/use Wacanga/Sweet Grass (62.5 percent), Pezi hota/Sage (62.5 percent), Canupa/pipe (54.2 percent), and Canli/Ceremonial tobacco (54.2 percent) while in treatment.

4. The largest number of programs (40.9 percent) permit clients to begin to participate in Dakota/Lakota/Nakota Sioux cultural and/or spiritual programs at any time during their treatment program.

Cultural Resources

The following findings regard the amount of Dakota/Lakota/Nakota Sioux cultural resources available to clients and staff at respondents' treatment facilities:

1. Overall, respondents indicated that Dakota/Lakota/Nakota Sioux cultural resources are available to clients and staff to a very limited extent (Mean = 1.72).
2. Of the Dakota/Lakota/Nakota Sioux cultural resources that are available to clients and staff, videos (Mean = 2.40), books (Mean = 2.28), and the decor of the facilities (Mean = 2.28) are available to the greatest extent (though none of these reaches the scale midpoint of 2.50).

Treatment Continuum

The following findings regard the amount of Dakota/Lakota/Nakota Sioux culture and spirituality that are integrated into various aspects of the treatment continuum:

1. Overall, respondents indicated that Dakota/Lakota/Nakota Sioux culture and spirituality are integrated into various aspects of the treatment continuum to a moderate degree (Mean = 2.12).
2. Respondents indicated that Dakota/Lakota/Nakota Sioux culture and spirituality are integrated into the treatment continuum to the greatest extent in individual counseling (Mean = 2.52), discharge plans (Mean = 2.52), and treatment plans (Mean = 2.39), and to the least extent during intake/assessment (Mean = 2.09).
3. In the intake, screening, assessment, and processes, respondents indicated that screening for diabetes (Mean = 2.39) and racial discrimination (Mean = 2.35) had the highest mean scores.
4. Respondents indicated that experiences with hanbleceya ceremonies/vision quests (Mean = 1.59), and wiwayangya wacipi ceremonies/sun dances, (Mean = 1.77) are experiences related to Dakota/Lakota/Nakota Sioux culture and spirituality that are integrated to the *least extent* into the treatment continuum.

B. Program Needs

The following responses to open-ended questions represent program directors' perceptions regarding the greatest needs related to Dakota/Lakota/Nakota Sioux culture and spirituality in their programs and among their clients:

The greatest needs to integrate Dakota/Lakota/Nakota Sioux culture and spirituality in the treatment regimen of the respondents' programs relate to:

1. Education and training for staff regarding Dakota/Lakota/Nakota Sioux culture and spirituality;
2. Information regarding Dakota/Lakota/Nakota Sioux ceremonies and lifestyles, and;
3. Enhanced funding, and resources for training and staffing treatment programs.

The greatest cultural and spiritual needs of Dakota/Lakota/Nakota Sioux treatment program clients include:

1. More information regarding Dakota/Lakota/Nakota Sioux cultural activities and languages;
2. More education and training regarding Dakota/Lakota/Nakota Sioux cultural activities and languages, and;
3. More adult role models.

C. Conclusions

The following conclusions are based only on the findings and results of data analysis from the 25 completed and returned survey instruments.

1. Native Americans represent a significantly higher proportion of South Dakota substance abuse program clients than expected in relation to their proportion of the general population. Native Americans represented 42 percent of the clients served in the last 12 months. The Native American population comprises 8.3 percent of the total population for the State of South Dakota.
2. A majority of Native American adults in need of substance abuse services, primarily access nontribal, off-reservation treatment programs at various nontribal, off-reservation substance abuse sites in South Dakota.
3. South Dakota substance abuse program administrators and staff are primarily non-Native Americans who demonstrate a wide diversity in their educational backgrounds and certification status.
4. Most administrators, staff, and board members at South Dakota accredited substance abuse programs receive little or no training related specifically to Dakota/Lakota/Nakota Sioux culture and spirituality.
5. Clients receiving treatment at South Dakota accredited substance abuse programs receive (very little or no information) regarding Dakota/Lakota/Nakota Sioux culture and spirituality.

6. Dakota/Lakota/Nakota Sioux *cultural resources* are available to clients and staff at South Dakota accredited substance abuse programs to a very limited extent.
7. Dakota/Lakota/Nakota Sioux *culture and spirituality* are integrated to a *moderate degree* into the treatment continuum for clients at South Dakota accredited substance abuse programs.
8. *Education and training* for staff regarding Dakota/Lakota/Nakota Sioux culture and spirituality are the greatest needs to enable integration of culture and spirituality among South Dakota accredited substance abuse programs.

D. Recommendations

The following recommendations are based on the results of the 25 State-accredited programs, which may not represent all substance abuse programs in South Dakota:

1. Increased education and training related to Dakota/Lakota/Nakota Sioux culture and spirituality should be provided to administrators and staff members.
2. Increased information regarding Dakota/Lakota/Nakota Sioux culture and spirituality should be made available to clients.
3. Due to the disproportionately large number of Native American clients, a focused effort should be undertaken to identify, recruit, and employ greater numbers of Native Americans in administrative, counseling, and other professional positions of substance abuse programs.
4. More of the substance abuse programs should consider utilizing a larger number of Native American cultural and spiritual resource people in their programs.
5. Also, due to the disproportionately large number of Native American clients being treated through South Dakota accredited substance abuse programs, a greater effort (including enhanced funding) should be made to identify and resolve the causes of this disproportion.
6. Due to the large proportion of individual South Dakota accredited substance abuse programs identified as providing little or no D/L/N training or information to their staff or clients, the State should examine individual program data and provide recommendations and assistance to address specific areas of need for each program.

The results of this project, that included a substantial proportion of South Dakota accredited substance abuse programs, clearly indicate that many of these programs are not addressing the cultural and spiritual needs of their Native American clients. Respondents from most programs throughout the State characterized their own programs as providing insufficient Dakota/Lakota/Nakota Sioux cultural and spiritual training for administrators and staff, as well

as providing inadequate information for clients. These situations can be problematic in substance abuse programs serving Native American populations.

The project recommendations, therefore, focus on providing greater resources on an ongoing basis to enhance Native American cultural and spiritual sensitivity in substance abuse programs. The information gathered through this project provides a solid baseline Native American cultural and spiritual profile of the State-accredited substance abuse programs in South Dakota. Enhanced support through funding and grant opportunities would allow continued assistance for these programs and ongoing assessment of the extent to which these programs are effectively incorporating training and information regarding Native American culture and spirituality.

APPENDICES

APPENDIX A

Cultural Assessment Survey Instrument

- 1) English-only version
- 2) English/Lakota version
- 3) Electronic version

APPENDIX B

Correspondence

APPENDIX C

University of South Dakota, Human Subjects Participation Form